



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Economic Support
Bureau of Work Support Programs

**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

FROM: Stephen M. Dow
Policy Analysis & Program Implementation Unit
Work Programs Section

SUBJECT: BADGERCARE

BWSP OPERATIONS MEMO

No.: 00-66

**File: 1250.2
2790**

Date: 09/20/2000

Non W-2 ☒ W-2 ☐ CC ☐

PRIORITY: High

CROSS REFERENCE: Medical Assistance Handbook
BWSP Operations Memo 00-51

EFFECTIVE DATE: 07/01/2000

PURPOSE

This operations memo:

- Replaces BWSP Operations Memo 00-51.

Most of the differences between this Memo and 00-51 are clarifications. Modifications to 00-51 are identified by a vertical line to the right of the paragraph.

However you are not required to monitor client contact on the inactive report as was requested in Memo 00-51. If a worker has already completed the BadgerCare re-determinations, as stated in Memo 00-51, then no further action is needed.

- Provides information about the CARES request screen for BadgerCare that was changed effective 7/1/00 so it defaults to a positive response to BadgerCare.
- Instructs staff about actions they need to take concerning individuals who appear on 2 reports of potentially BadgerCare eligible individuals.

BACKGROUND

BadgerCare is a Medicaid expansion that provides health care coverage for uninsured children under age 19, their uninsured parents, and the uninsured spouses of those parents whose family income does not exceed 185% FPL (for new applicants) or 200% FPL (for recipient groups).

When BadgerCare was implemented in CARES on July 19, 1999, not all of the information needed for an accurate determination of BadgerCare eligibility had been collected during previous applications and reviews. Specifically, BadgerCare was the first public assistance program on CARES that needed accurate and complete information about health insurance coverage and access to employer group health plans. At the same time, it was important that families that could potentially be covered by BadgerCare understood the program rules and the potential premium responsibility. In order to facilitate both the gathering of additional data and the sharing of information, CARES was programmed to prompt the explanation of BadgerCare to determine the household's interest.

SYSTEM CHANGE

Effective 7/3/00, we have changed the BadgerCare Request Screen (ACPA BC) so that it defaults to 'Y' rather than 'N'.

POTENTIALLY BADGERCARE ELIGIBLE REPORTS

To assure compliance with Medicaid requirements for a re-determination of eligibility, 2 reports have been produced that require review by economic support (ES) agencies. Those reports are:

1. A report that includes potentially BadgerCare eligible persons who are part of active CARES cases.
2. A report of persons who appear to be potentially BadgerCare eligible, but who are not part of a currently active BadgerCare case.

Both of these reports are for internal use and do not need to be returned to DES. Both reports include cases that meet all of the following:

1. Includes either a child under age 19 but over age 6 years or a parent with children under age 19.
2. Has not been determined ineligible for BadgerCare due to income greater than the applicant income limit (185% FPL);
3. Has at least one household member who has not been determined ineligible due to major medical insurance coverage or access to a family group health plan in which the employer's contribution is 80% or more or has access to a state health plan;
4. Has a 'Yes' on the Medicaid request screen (ACPA MA); and,
5. Has not already been determined eligible for BadgerCare since 7/1/99.

ACTION REQUIRED --- REPORT #1

For active cases (currently open for at least one public assistance program on CARES or closed less than one calendar month) we have included those:

1. Individual with “No” on the BadgerCare Request Screen (ACPA BC). For these persons, the ES specialist must:
 - a. Check for file/CARES documentation of a “not requesting.” If documented “N”, then do nothing to the case. No further documentation is needed.
 - b. If there is no documentation, change “N” to “Y” and run SFED for the recurring month (run without dates for the next possible eligibility period).
 - c. Assume that the individual wants BadgerCare and not the deductible.
 - d. If the result of the eligibility re-determination is pending with a premium, contact the client and inform him/her. Allow until the end of the 30th day or 10 days from determination, whichever is later, to pay the premium if desired. Submit the payment coupon with the check to EDS, you do not need to send the payment coupon to the client. If the client declines, change ACPA back to “N.” ANQB should not be scheduled under these circumstances because BadgerCare eligibility will not be confirmed since it is pending. If, for any reason, the ANQB screen does show up, code the reason for Quitting BadgerCare as ‘ON’ (other with not restrictive re-enrollment period).
2. Individuals with a ‘blank’ on BadgerCare Request Screen. For these persons, the ES specialist must:
 - a. If there is no documentation, change “N” to “Y” and run SFED for the recurring month.
 - b. Assume that the individual wants BadgerCare and not the MA deductible.
 - c. If the result of the eligibility re-determination is pending with premium, contact the client and inform him/her. Allow until the end of the 30th day or 10 days from determination, whichever is later, to pay the premium if desired. If the client declines, change ACPA back to “N.” ANQB should not be scheduled under these circumstances because BadgerCare eligibility will not be confirmed since it is pending. If for any reason, the ANQB screen does show up, code the reason for Quitting BadgerCare as ‘ON’ (other with not restrictive re-enrollment period)

ACTION REQUIRED --- REPORT #2

For inactive cases with either ‘blanks’ or ‘N’ on ACPA for BadgerCare:

A mailing label has been created for each individual appearing on report #2. State staff will attach the mailing labels to a standard letter (see attachment) and mail it to the client. The ES worker does not need to do this. The client will be instructed to bring the letter if they decide to apply. The following describes what the worker should do if any of the individuals on Report #2 come in to apply:

1. Do an intake to determine current eligibility.
2. When the client has provided all verification and information about premium payment and paid the initial premium if due. The worker should confirm the case.

3. Determine if there are any changes in circumstances that would affect the client's BadgerCare eligibility between the time Medicaid closed and the present. However do not look back farther than July 01, 1999. If there were no changes in circumstances, and they are determined eligible at intake, then assume they are eligible back to when Medicaid closed.

4. If there are changes in circumstances, then retroactive eligibility must be explored.

If the case is now an open ongoing case, use simulation to determine for which months the client was eligible.

If the case is denied, and there are uncovered medical expenses, then a manual determination must be done.

If the case is pending verification or premium information. Then wait until the client provides this information and the case is no longer pending before exploring retroactive eligibility.

5. If they fail BadgerCare and there were no changes in circumstance, then no further action is needed.
6. If there are any past months in which the client should have been eligible with the requirement to pay a premium, then waive the premium.
7. Submit a 3070m for any back eligibility. Since we are waiving the premium for the back months, be sure that you use a B1, or B4 med stat regardless of income. This indicates that the client is not paying a premium

The state will use CARES data to determine how many people have contacted the local agency.

As a follow up to the letter sent out by the State, local agencies may contact those individuals/families on the report to facilitate access to the Medicaid/BadgerCare program.

CONTACT

DES CARES & Policy Call Center	Email:	carpolcc@dwd.state.wi.us
	Telephone:	(608) 261-6317 (Option #1)
	Fax:	(608) 261-6968

Note: Email contacts are preferred. Thank you.

September 22, 2000

Dear Sir or Madam:

Our records indicate that someone in your household may qualify for the BadgerCare program, a new program that provides health insurance for low-income and uninsured families with children. We are sending you the enclosed brochure about the program to provide more information.

Please contact us if you would like to receive BadgerCare or would like more information about the programs available in your county. You can reach us at 1-800-362-3002.

If you decide to apply, please bring this letter. The letter will be helpful but not necessary in determining your eligibility.

Active Cases with BC ACPA equal to 'N' or Blank

COUNTY ADAMS COUNTY
WORKER XAD001

Case Number	Case Name	AGs	Status	Closure Date and Reason (s)	BC - ACPA
3 [REDACTED]	T [REDACTED]	NAOR 00002	Un-Met Deductible	014 / /	Un-Initialized
		NAOR 00001	Denied	028 / /	Un-Initialized
		MAOR 00002	Denied	014 / /	Un-Initialized
		MAOR 00001	Closed	1997-04-30 028 / /	Un-Initialized
		MA R 00001	Denied	1998-11-30 028 / /	Un-Initialized
		FS 00001	Closed	1999-01-31 077 / /	Un-Initialized
		ADCR 00001	Denied	142 / /	Un-Initialized

Change ACPA and Run SFED?

Yes

Documentation Comments

Case Number	Case Name	AGs	Status	Closure Date and Reason (s)	BC - ACPA
3 [REDACTED]	J [REDACTED]	FS 00001	Closed	2000-06-30 081 / /	N
		MCW 00001	Closed	2000-06-30 081 / /	N
		NS 00001	Closed	1999-11-30 014 / 272 /	N

Change ACPA and Run SFED?

Documentation Comments

Tuesday, July 11, 2000

Inactive Cases

COUNTY ADAMS COUNTY

WORKER XAD001

Check Here is

Client Requests
Redetermination

Case Number

Case Name

Documentation Comments

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Tuesday, July 11, 2000

